RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be garefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 6941



STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No. 33

St; Ward)

[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME James drvey	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year) 7 AGE If LESS than	that I lest saw h man alive on Many 2 1013. and that death occurred on the date stated above, at 2 2 m
occupation (a) Trade, profession, or	The CAUSE OF DEATH* was as follows:
(a) frace, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs mos ds
OFFATHER W., Chvey 11 BIRTHPLACE OFFATHER (State or country) Z (State or country) Wignificant Miles 12 MAIDEN NAME (1)	(Signed) (Ouration) yrs mos ds (Signed) , M. D. May 2.7, 191.2 (Address) Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Sche Murique 13 BIRTHPLACE OF MOTHER (State or country) Mecrice Jul 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) July Schwarz	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the condition of the condi
(Address) Bevalve Med Filed May 31, 191 3 Filed Maller Le Cal REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 22, 191.3. 20 UNDERTAKER Comparison Compariso



(Approved by U. S. Census and American Public Health Association.)

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," As examples: (6)

Statement of cause of death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinological control contr

childbirth or miscarriage, as "Purrereal septicharture of the American Medical Association.) cause of death approved by Committee on Nomencla. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weaknest," ample: Measles (disease causing death), 29 cer" is less definite; avoid use of "Tumor" for mails "Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms) : Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For vio-



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certificate.

PHYSICIANS should state of OCCUPATION is very

RECORD

1 PLACE OF DEATH

6942

STATE OF MARYLAND CERTIFICATE OF DEATH

	, Registration Dist. No. 333
Village or City Salsbury (No. 5	[It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word) Single	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
8 DATE OF BIRTH (Month) (Day) (Year)	march 12 1913 to April 11" 1913. that I last saw him allye on hor (0" 1913
TAGE (Storter) (Stor	and that death occurred on the date stated above, at 3-45 Am. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Parsons BIRTHPLACE (State or country)	Extraction (Duration) Dyout poster ds. Contributory. Jecondary)
OF ATHER CONCRETE Sailer OF FATHER State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Guration (Buration) Type mos. ds. (Signed) Guration (Signed) May 1. 1913 (Address) Salaria May 1. 1913 (Address) Sal
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sarah & Umder	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence.
Address, 410 Bowland St. Saliebury	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Filed

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

REGISTRAR

20 UNDERTAKER

ADDRESS

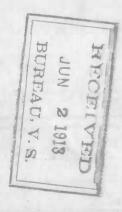


[Approved by L. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples: For persons (0)

Statement of cause of death—Name, first, the nisease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPEEAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inaultion," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malle. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-Examples:



	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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County Medinido 6943	CERTIFICATE OF DEATH
County 21	Registration Dist. No. 936
Village or City Near Delmar (No.	St.; Ward) [if death occurred in a hospital or institution, give its MAME instead of street on number.]
FULL NAME // When year a	ally
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
May Glack Single, MARRIED, WIDDWED, WIDDWED, WIDDWED, WIDDWED (Write the word)	16 DATE OF DEATH May 7-7 , 1913 (Month) (Day (Year) 17 J HEREBY CERTIFY, That I attended deceased from
d 2 , 1913 (Month) (Day (Year)	that I last saw hun allve on May 27 th 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or perticular kind of work	Contributory Ololera Infaulum Secondary
10 NAME OF FATHER SAME DAILY 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) Nobust Celling doord M. D. (Signed) Nobust Celling doord M. D. May 7-87, 1913. (Address) Deliver Del *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At piece In the ot death
(Address) Pelmon Dela	Former or usual residence. 19 PLAGE OF BURIAL OR REMOVAL Nevo bemelevy May 29, 1918.
Filed ellez 22, 1918 Il I Aurini Lucal Registran	Um & Marvel Delan Flat
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccity; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer For many occupations a single word or term on the been changed or given up on account of the disease of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



See Instructions on back of certificate.

Important.

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	PLACE OF DEATH 6944	STATE OF MARYLAND
Ge	ounty Willowieo	CERTIFICATE OF DEATH
71	Told 1	Registration Dist. No. 33.3
V	iliage or City SalisViry Md (No. 3- 1	Ward) [If death occurred in a hospital or institution, give its NAME instead
	FULL NAME Charles B Bost	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	** COLOR OR RACE SINGLE, Martuell WIDOWED, OROIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 D	ATE OF BIRTH	Africe 4 1913 to Mar W 1973
	(Month) (Day) (Year)	that I last saw home alive on May 20 1913
7 A	SE II LESS than	and that death occurred on the date stated above, at
	7 3 yrs mos ds. 1 day, hrs nm. ?	The CAUSE OF DEATH* was as follows:
(a)	OTTAGE, profession, or Carlenter kind of work	Valouta heart travela.
(b) bus	General nature of Industry, iness, or establishment in ich employed (or employer)	Heart Trut Couration) urs mos to
9 BI	RTHPLACE tate or country)	Gentributory (Secondary)
	10 NAME OF ESAU BOSTON	(Signed) Sw. M. Vodd N. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
PAREN	12 MAIDEN NAME ANAI Marshall	TAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Me	At place In the of death yrs mos ds. State yrs, mos ds
	Informant Vergrand Boston	If not at place of death?
	(Address) Salisbury Mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	may 21# 1913 ApJumer	Janbons Cameley May 23, 1913
70	REGISTRAR	Mallowerst 100 Saliton, MI

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.

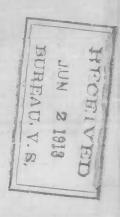


[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—('oal cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," But in many For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lodar preumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "l'urrement septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," -Heart fallure," "Haemorrhage," "Inanition," "Maras. genltai," "Senile." etc.), thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary). 10 ds. nant neopiasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-Never report Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. N.

	1 PLACE OF DEATH 6945	STATE OF MARYLAND
Co	unty Macounted	CERTIFICATE OF DEATH Registered No. 335
VI	llage or City 10 Dist (No. 8)	St; Ward) [If death occurred a hospital or institution give its NAME instet of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
JE1	4 COLOR OR RACE MARRIED, WIDOWEO, ORDIVORCEO (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, that I attended deceased from
	TE OF BIRTH (Month) (Day) (Year)	Chr. 2. 6 , 1913 , to May 2 , 1913 that I last saw her alive on Day , 1913
7 AG	If LESS than t day,hrs.	and that death occurred on the date stated above, at
(b) busin	General nature of industry, ess, or establishment to h employed (or employer) THPLACE ate or country) Hoothio	Contributory (Secondary) (Duration) yrs. mos. 6 d Contributory (Secondary)
PARENTS	10 NAME OF WKI LOWN, 11 BIRTHPLACE OF FATHER (State or country) 11 12 MAIDEN NAME AGINES Brown	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE informant) 13 BIRTHPLACE OF MOTHER 10 BIRTHPLACE OF MOT	OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence.
	(Address) Mardela Spyo,	19 PLACE OF BURIAL OR MEMOVAL DATE OF BURIAL

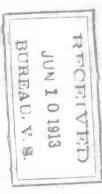


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulmaterial worked on may form part of the second For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: But in many "Foreman," (0)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, peritonaeum, etc.. Carcinosts of lungs, meninges, peritonaeum, etc.. Carcinosts

cause of death approved by Committee on Nomenclachildbirth or miscarriage, as "Puerperal septichac-mia," "Puerperal peritonitis," etc. State cause for ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless Important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of __ The contributory (secondary or lutercurrent) tetanus) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin: "Can



		ould state
	RECORD	PHYSICIANS shoot of OCCUPATION
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	WRITE PLAINLY, WITH	Every item of information should be carefully sur CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

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County Weomier	6946
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Village or City Mary Corson	Surent
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of streef and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temple White (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH Do not Assour 1876	hat I last saw have allow on meh 29, 1913.
a + day bea	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	What 11/2 to 2 yro (Buration) yrs. mos ds.
state or country)	Gontributory (Secondary) (Durafion) yrs mos ds.
Meorge W Goord	(Signed) Lettery, M. D. 5-5, 1913 (Address) Pittovilly Ind
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE ISTRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Parsonshing Md R D	19 PLACE OF BURIAL OR REMOVAL May H 191 8 20 UNDERTAKER ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. It should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Areman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: ."Foreman,"

Statement of cause of death—Name, first, the dibease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sensis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dcnt; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Tuerperal scottchacetc., when a definite disease can be ascertained as the mus," "Old Age." "Shock." 'Traemia," "Weakness," -figart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile." etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably is less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," ... (name origin; "Can-Never report Examples:

	Ξ	T.Y.
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	of information should be carefully supplied. AGE should be stated EXACTLY. DEATH in plain terms, so that it may be properly classified. Exact statemer See instructions on back of certificate.
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YSICIANS

RECORD

OCCUPATION

statement

Item OF

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Every Item CAUSE OF Important.

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OF MOTHER (State or country)

14 THE ABOVE IS

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, (Month) (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 B DATE OF BIRTH (Month) (Day) 7 AGE It LESS than and that death occurred on the date stated above, at 1 dayhrs. was as follows: OR mln. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory State or country) (Secondary) (Buration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE

At place in the ot death yrs. mos. ds. State yrs, mos, .. Where was disease contracted. If not at place of death? Former or

PLACE OF BURIAL OR REMOVAL

usual residence

ADDRESS

DATE OF BURIA

At more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. 8. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has As examples: For persons

Statement of cause of death—Name, first, the disease causing death—In always the same accepted to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purreral scotichae cause of death approved by Committee on Nomencla "Contributory." mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock." ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Hart fallure," "Haemorrhage," "Inanition," "Maras Bronchopneumonia (secondary), 10 ds. Never report valvular heart discase; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," 'l'raemia," "Weakness," (name origin; "Can Examples:



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County Riconnes	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.34
Village or City Salisburg (No. ,	St.; Ward) [If death occurred in a hospital or Institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Single WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH May 27', 1913 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Oct. /7 , 1837 (Month) (Day) (Year)	Jan 16" 1912 to may 27 1913. That I last saw h. M. alive on may 27' 1912
7 AGE It LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Cancel (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Secondary) (Ouration) System January
10 NAME OF Bennett Lo. Fish 11 BIRTHPLACE OF FATHER (State or country) Falls foo, Md. 12 MAIDEN NAME OF MOTHER M.	(Signed) July 18 (Address) Salisory Me *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER MASH FORCE 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
(Informant) Miss Spottie Frish (Address) Salisbury Mol.	Former or usual residence
Filed. May 2-8" 1913 REGISTRAR Alf more hlanks are needed, address State Regis trar, 6	Salisbury Md. May 29th 1913. 20 UNDERTAKER ADDRESS LED. C. Hull Salisbury E. Franklin St., Baito., Requesting V. S. No. 1.

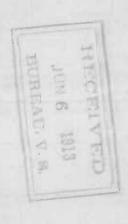


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., applies to each and every person, irrespective of age. mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter,

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tubereutosts of tungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenciachildbirth or miscarriage, as "Purrement septichaecause. Aiways qualify all diseases resulting from ctc., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds .: nent neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of had-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. State cause for "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails. oma. Sarcoma. etc., of _ The contributory "Old Age," "Shock." (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhanstion," "Taemia," "Weakness," (name origin; "Can



BINDING FOR RESERVED MARGIN

UNFADING INK-THIS

WRITE PLAINLY, WITH

RECORD

PERMANENT

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very carefully supplied. that It may be certificate. Every item of Information should be CAUSE OF DEATH in plain terms, so on back See Instructions Important.

1 PLACE OF DEATH County Micomico

6949

STATE OF MARYLAND CERTIFICATE OF DEATH

Padiotration	Dist	NI.
Registration	DIST.	NO

Village or City Salisbury Me (No. 2)	St.; Ward) [If death occurred in a hospital or institution give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWEO, ORDINGRED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
May 26, 1913 (Month) (Day) (Year)	that I last saw harman affive on 191
AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	(Duration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER ADJULY & Rusher 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME AND GOLD OF THE PROPERTY OF THE	(Signed) (Si
OF MOTHER CAUSE WANGE 13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A SAME (Informant	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) Salisbury Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 26, 1913

REGISTRAR

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No.

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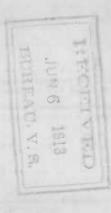


[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust ; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

"Contributory." scpsis, tctanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Turremeal scottchaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Collapse." "Coma," "Convulzions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritix nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," Examples:



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	RECORD	PHYSICIANS should st
MAKGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY: PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
No. 1.	WRITE PLAINLY, WITH	Every item of information should be carefully sui CAUSE OF DEATH in plain terms, so that it ma important. See instructions on back of certificate.

N. B.

200

1 PLACE OF DEATH		1/1	STATE OF MARYLAND
County Quilornilo	6950	(151)	CERTIFICATE OF DEAT

	Registration Dist.	No.334
Village or City Salisbury	(No.112, Wathurd St.; Ward)	[if death a hospital or

E 7 100 9 4.1.

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

DEATH

2 FULL NAME (Sella d'	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVERGED (Write the word)	16 DATE OF DEATH May 23, 1913 (Month) (Day) (Year) 17 HEREBY CERTIFY, That Lattended deceased from
Max 15 , 1913 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191, 191, 191
2 9 1 day,hrs. ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishment in	Could not return on now south the British (Duration) yrs. mos. ds.
which employed (or employer) BIRTHPLACE (State or country) MA 4	Contributory (Secondary)
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) Puration) yrs mos ds. (Signed) , M. D. Pury 24, 191 (3(Address) Sully my
(State or country) Maryland 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE AS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds Where was disease contracted, If not at place of death?
(Informant) William Hale	Former or usual residence
(Address) 1/2 Cathrens &t Salis MS	Salesbury Gemeley May 26, 1913
Filed May 24", 1913 ARTHURY Jones REGISTRAR	4 To Seevant Sulesbury
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the same decepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrement septichaemus," "Old Age," "Shock." "Traemia," "Weakness," genital," nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. LENT DEATHS' State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Mcdical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head (name origin; "Can Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.

County Wilomita

6951

STATE OF MARYLAND CERTIFICATE OF DEATH

County Willoute	334
Village or City Saludury (No/13,	Registration Dist. No. 2.24 Lelaulg St.: Ward a hospital pr institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word) 5 DATE OF BIRTH D 19/3 TOWNTH) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191, to 191, that I last saw h
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3 m, The CAUSE OF DEATHIR was as follows:
6 OCCUPATION (a) Trade, profession, er particular kind of work	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Andrew Yall 11 BIRTHPLACE OF FATHER	Contributory (Secondary) (Deration) yrs mos ds. (Signed) , N. D. , 191 3 (Address) Alisbury, M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) Martyland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds.
(Informant) THE BEST OF MYKNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Saleslevel Affin 15 Filed May 6", 1913 REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS PROBABILITY OF BRIDE PROPERTY S. No. 1



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing effection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosts of lungs, meninges, periionaeum, etc.. Carein-

which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrereal scotichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras ample: Mcasles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of ... (name origin: "Can "Exhanstion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 6 1918 BUREAU, V. S.

	2	1 13	
	RECO	PHYSICIAI of OCCUR	
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
v. S. No. 1.		CAUSE Importan	

	PLACE OF DEATH 6952	STATE OF MARYLAND
Go	ounty Wicomico	CERTIFICATE OF DEATH
	100	Registration Dist. No. D. D. 4
Vi	illage or City Allen Du (No. 7	St.; Ward) [If death occurred is a hospital or institution give its NAME Instead of street and number.]
	FULL NAME JOT JUNUED	II
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH Man gond 1919	May 2/91 3, to may 8 8 1912
Ш	(Month) (Day) (Year)	that I last saw he allve on noy 6 ,1913
7 AC	If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) par	CCUPATION Trade, profession, or flouiar kind of work	Grenesture Buth,
busi	General nature of industry, ness, or establishment in ch employed (or employer)	(Ouration)yrsmosds
9 BI (SI	RTHPLACE (ate or country) Allen Md.	Contributory (Secondary) (Duration) yrs mos ds
	10 NAME OF Robert J. Hitch	(Signed) Jos L. McLaughlin, M. D.
ARENTS	of FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT
PARE	of Mother Courth Bounds	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	At piace to the of death yrs mos ds. State yrs mos ds.
	(Informant) A THE SEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence.
15	(Address). Allew Md.	Allen Mil. DATE OF BURIAL Allen Mil. 1918
	ed/May 10", 1912. The free Some REGISTRAR	Len for Hell Sura Md.
	If more blanks are needed, address State Regis trar, 6	



[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of Illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should he used only when needed. the nature of the husiness or indust ;; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples:

Statement of cause of death—Name, first, the disease causino death—in already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla schsis, tetanus) by carbolic acid-probably sutcide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purrement septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "hart failure," "Haemorrhage," "Inanition," "Maras. genital," ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not he stated unless important. nant neoplasms); Measles; Whooping cough; Chronk ter" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., mere symptoms or terminal conditions, such as "As-Bronchonncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) "Old Age," "Shock." "Senile." etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," "(Taemia," "Weakness," (name origin; "Candeath), 29 ds. Examples: For vio-

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......6 1918

BINDING

FOR

RESERVED

MARGIN

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilf death occurred in a hospifal or Institution, give its NAME Instead

Salisbury

MEDICAL CERTIFICATI	E OF DEATH
18 DATE OF DEATH May	2 2 , 191
(Mont	th) (Day) (Year)
).	hat I attended deceased fro
May 17, 1910, to	May 22 191
hat I last saw ham alive on M	ans 22 1916
	(110
and that death occurred on the date st	
The GAUSE OF DEATH * was as follow	-
Jumen C	allanne

(Ouration)	Our suff hu
Contributory / Leanne	1
(Secondary)	rug v mog un
Comade Te Question)yrsmos. 2
The difference of the second s	
(huns	~~
(Signed)	, M.
(human &	lisher, leigh
(Signed) (Address) (Address) (Address) (Address) (Address)	ar in death from Vice
(Signed) (Address) a	ar in death from Vice
(Signed) *State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL. **STATE OF RESIDENCE (FOR HOSPI)**	or, in deaths from VIOLEN; and (2) whether ACCIDEN
Signed) (Address) (Address	or, in deaths from VIOLENT; and (2) whether ACCIDENTIALS. INSTITUTIONS, TRANSIENT
*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIOR RECENT RESIDENTS) At place	or, in deaths from VIOLEN; and (2) Whether ACCIDENTALS. INSTITUTIONS, TRANSIENT
*State the DISEASE CAUSING DEATH CAUSES, state (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIOR RECENT RESIDENTS) At place In ot death yrs. mos. ds. Si Where was disease confracted,	or, in deaths from VIOLEN; and (2) Whether ACCIDENTALS, INSTITUTIONS, TRANSIENTHE
(Signed)	or, in deaths from VIOLEN; and (2) Whether ACCIDENTALS. INSTITUTIONS, TRANSIENT
(Signed)	or, in deaths from VIOLEN; and (2) Whether ACCIDENTALS, INSTITUTIONS, TRANSIENTHE
(Signed)	or, in deaths from VIOLEN; and (2) Whether ACCIDEN TALS. INSTITUTIONS, TRANSIENT the the
(Signed)	or, in deaths from VIOLEN; and (2) Whether ACCIDENTALS. INSTITUTIONS, TRANSIENTHE



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral scotichae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemla," "Weakness," "Hart fallure," "Haemorrhage," "Inanitlon," "Maras genltal," "Senile," etc.), by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chroniu mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples:

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19.77 (19.41) 1.14

V. B. No. 1.

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	COCCUPATION OF DEPARTMENT AND CO	PERMANENT	
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	SWIE A SING	WILL UNIADING	
	ALCO TO A		
)	WILLIAM S	PLAINLY,	
	The part of the Party	WKIIE	

	1 PLACE OF DEATH	STATE OF MARYLAND
C	ounty Wicomico 6954	CERTIFICATE OF DEATH
		Registered No. 356
V	illags or City Delman (No.	St; Ward) [If death occurred in a hospital or institution give its NAME instead
	FULL NAME Salomon Ha	maly Horsey of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Married, wisoweo, ordant Male Colord Ordiverces (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 LHEREBY CERTIFY. That Lattended deceased from
6 D	ATE OF BIRTH 9 /3 ,19/9	that I last saw h & alive on 20 26 1913
7 A	(Month) (Day) (Year)	and that death occurred on the date stated above, at 625 A.m.
	20 yrs. 3 mos. 14 ds. 0R. min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION) Trade, profession, or ricular kind of work.	
(0)	Beneral nature of industry, iness, or establishment in Mot any ich employed (or amployer)	(Duration) yrs. mos. 5 ds
9 B	IRTHPLACE (tate or country) Mayland	Gentributory (Secondary) (Quration) yrs. mos. ds
	10 NAME OF William Horsey	(Signed) July (Address) Systems Son D. D.
ARENTS	11.BIRTHPLACE OF FATHER (State or country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PAR	of Mother Ladder	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Maryland	OR RECENT RESIDENTS) At place In the of death
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Address) Delman Del	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	100 May 27, 1918 W J Drewn	20 UNDERTAKER ADDRESS
	REGISTRAR	mwillis Delsyar, Leel
	If more blanks are needed, address State Registre	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

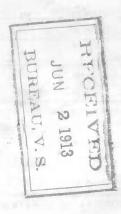


[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, It should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—In a primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train-accioma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-For VIO-



	RECORD	PHYSICIANS should state of OCCUPATION Is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Sharp town (No. 2)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Make 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WIDOWED, WITH the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Jan 32, 1845 (Month) (Day (Year)	that I last saw h alive on Offer 15 ,1913.
7 AGE 1 If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Nicouriso 60	Contributory Chrome interational Negative Secondary (Duration) 2 yrs mos disc
STATHER DEAUChamf Howard, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Informant) Lena O. CWEND (Address). Sharp town	Former or Usual residence
Filed191REGISTRAR	20 UNDERTAKER The Graveur HBrs. Sharboury
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 4.



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Farmer (retired 6 yrs.) For persons If the occupation has As examples: But in many (0)

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); "Croup";) brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid fever (never report "Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tubcrcu-Examples: Cerebrospinal Carcin-

> ample: Measles (disease causing death). 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



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60	PLACE OF DEATH Sunty Meomies 695	6/14	STATE OF MARY CERTIFICATE OF	
Co		("	Registration Dist.	No. 333
V		13 Ca	st; Ward)	[If death occurred in a hospital or institution, give its NAME Instead ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF D	EATH
3 5 5	Envelo While (Write the word)	rued	Month)	(Day) (Year)
6 D	Moy 29 (Month) (Day)	(Ical)	I HEREBY CERTIFY, That I at 1 191 3, to 1 last saw h 2 alive on 1	tended deceased from 1913,
7 AC	h	riay hre	that death occurred on the date stated ab CAUSE OF DEATH* was as follows:	ove, at 12 m m,
(a)	CCUPATION Trade, profession, or Housewiff		Tulmonong In	berculour
bus	General nature of industry, iness, or establishment in ich employed (or employer)		(Duration)	yrsds.
9 BI	IRTHPLACE tate or country)		Secondary)	yrsds.
	10 NAME OF WESley Malone	(Sign	8 Nove	, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	CA	SSUPPLY (Address) State the DISEASE CAUSING DEATH, or, in USES, state (1) MEANS OF INJURY; and (1)	deaths from VIOLENT
PARE	12 MAIDEN NAME Mary Booth	18	L, SUICIDAL, OF HOMICIDAL. ENGTH OF RESIDENCE (FOR HOSPITALS, INC. R RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country)	At pi	ace In the eath yrs mos ds. State	yrs ds
147	(Informant) DEMUS JEARNS	If no Form	re was disease contracted, It at place of death?	
15	(Address Salisbury Me		consons Cemelinal	MATE OF BURIAL
Fi	18 1 ay 16 1913 N P Jum	EGISTRAR 20	Jolloneyy le &	alisbu Me
	If more blanks are needed, address State B	legis trar. 6 B. Fr	anklin St. Baito. Recogniting V S No. 1	/

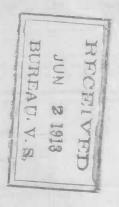


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oa) "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second (a) Spinner, Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative leaithful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

losts of lungs, meninges, peritonaeum, etc.. term for the same disease. Examples: Cerebrospinal pneumonia"); brospinal fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing prate (the primary affection with respect to ("Pneumonia," Statement of cause of death-Name, first, the DISEASE meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercufever (never report "Typhoid

> childbirth or miscarriage, as "Purrperal septichaemia," "Puerperal peritonitis," etc. State cause for cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g. by earbolic acid-probably suicide. such, if impossible to determine definitely. which surgical operation was undertaken. For viocause. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. ture of the American Medical Association.) scpsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as -Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head terminal conditions, such as "As-(secondary or intercurrent) "Dropsy," "Exhaustion," _ (name origin; "Can-The nature of the death), 29 ds.: Examples:



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	RECORD	PHYSICIANS shoul
No. 1. MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every liem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important. See instructions on back of certificate.
No. 1.	WRITE	Every Item of Ir CAUSE OF DEA Important, See Is

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PLACE OF DEA

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 333

Ct.	Word	[It deat	h occurre

FULL NAME Suface	a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale Colored Single, MARRIED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191, 191
7 AGE (SIGNER) (Day (Tear) 1 (LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work	A A A
business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
10 NAME OF FATHER halls for 11 BIRTHPLACE OF FATHER	Contributory Secondary (Duration)
(State or country) (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds.
(Informant) (Address) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL 191.3
Filed 191 FEGISTRAR If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Womeu at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

lesis of lungs, meninges, peritonaeum, etc., pneumonla"); Lobar pneumonia; Bronchopneumonia brospinal meningitis"); Diphtheria term for the same discuse. Examples: Cercbrospinal time and causation), using always the same accepted causing neath (the primary affection with respect to ("Pneumonia," "Croup";) Statement of cause of death-Name, first, the DISEASE (the only definite synouym is "Epidemic cere Typhoid unquallfied, is indefinite): Tubercu-Jever (never report "Typhoid (avoid use of Carcin-

> nant neoplasms); Meastes; Whooping cough; Chronic ctc. oma, Sarcoma, etc., of...... (name origiu; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less defiuite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of State cause for the head Never report

If this certificate is looked over thoroughly and all questions answered in detail-it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanaptly filed.

BUREAU, V.S.
BUREAU, V.S.
BUREAU, V.S.

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ten	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is a	important. See instructions on back of certificate
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STATE OF MARYLAND PLACE OF DEATH Wicomia CERTIFICATE OF DEATH Registration Dist. No. 3.33 Ilf death occurred in a hospital or institution. give its NAME instead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIEO, WIOOWEO. OR OLVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from S DATE OF BIRTH (Day) (Month) (Year) 7 AGE It LESS than and that death occurred on the date stated above, at t day, P. hrs. DEATH* was as follows: OR min. ? SOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) ⁹ BIRTHPLACE (State or country) (Secondary) (Duration) 10 NAME OF FATHER (Signed) 17, 191 3 (Address) RAUX PARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death yrs. mos. ds. State yrs. Where was disease contracted. tf not at place of death? Former or usual residence. OATE OF BURIAL 15 20 UNDERTAKER APDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). causing nearth, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer--('oal statement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulbeen changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causing areath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of tungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. cbiidbirth or miscarriage, as "Tuerpenar scptichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," death), 29 ds.: State cause for Examples: 10



PLACE OF DEATH	STATE OF MARYLAND
County Mcomie 6959	CERTIFICATE OF DEATH Registration Dist. No. 334
Village or City Salisbury Md (No. 128 Bar	St.; Ward) [If death occurred I a hospilal or Institution give its NAME instea of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 Mala J HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH July 12 , 1912 (Month) (Day) (Year)	that I last saw him allve on my \$,1913
7 AGE If LESS that 1 day,hrs day,	mand that death occurred on the date stated above, at /o
particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) PEIRTHPLAGE (State or country)	(Duration) yrs mos ds (Duration) yrs mos ds
10 NAME OF STATHER STATE OF FATHER STATE OF FATHER OF MCCL	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Informant)	19 PEACE OF BURIAL OR REMOVAL DATE OF BURIAL



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is idefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

mia," "Tuenperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrent scotichaemus," "Old Age," "Shock." "Traemia," "Weakness," "Kart failure," "Haemorrhage," "Inanition," "Maras valvular heart disease; Ohronic interstilial nephritis injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "AR affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide: Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopncumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) liways qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (name crigin; "Can Never report Examples:



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AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD UNFADING INK-THIS of information should be carefully supplied. DEATH in plain terms, so that it may be WRITE PLAINLY, WITH B.—Every Item CAUSE OF

	Sounty Miconico 6960	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Wangs (No. 2) 2FULL NAME Elwood Little	Registration Dist, No
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	SEX 4 COLOR OR RACE MARRIED, WIOWEO, OROIVORED (Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8	DATE OF BIRTH May (Month) (Day) (Year)	Jany 1910 to ap 26 , 1913, that I last saw h has alive on ap 26 , 1913
7	AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
b	OCCUPATION (a) Trade, protession, or particular kind of work b) General nature of Industry, usiness, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9	BIRTHPLACE (State or country) Nicomica Co. Md	(Secondary) (Buratlen) (Buratlen) (Buratlen) (Buratlen) (Buratlen) (Buratlen)
V		(Signed) Streeny, M. D. 5-6-, 1913 (Address) Puttrille
FNEGA	(State or country) All Asia Agaa	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
0	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death
14	(Informant) Arederiak Luttletone	Where was disease contracted, It not at place of death? Former or usual residence
1	(Address) Carsonsburg Ma Boule 1	St. Johns Church May 7 1913.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

. Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of Illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. material worked on may form part of the second it should be used only when needed. the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Leaithful Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples: For persons (4)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

genital," cause of death approved by Committee on Noniencla "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "TUERPERAL peritonitis," etc. childbirth or miscarriage. as "Turreral scottchaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." "Traemia," "Weakness." "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably LENT DEATHS State MEANS OF INJUST and qualify as mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary). 10 ds. Never report valvular heart disease; Chronic interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples: 20



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PERMANENT RECORD

PHYSICIANS should state of OCCUPATION is very Exact statement EXACTLY. properly classified. AGE Every Item CAUSE OF Important. 1 PLACE OF DEATH

6961

STATE OF MARYLAND CERTIFICATE OF DEATH

ADDRESS

Gounty	Registration Dist. No. 332
Village or City Startle (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME TO THE X	Ockerman of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 26, 191. (Month) (Day (Year)
6 DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE if LESS than 1 day,hrs. OR	and that death occurred on the date atated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or amployer) 9 BIRTHPLACE (State or country)	Stead Juliue apparently sick about 15 minutes said him post mortany (Duration) yrs. mos. ds Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Auls M. M. Arkenman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTA) At place in the of death
(Address) 102 W. Heath St (Ball	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

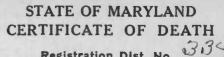
ness. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Canetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig-The contributory "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate's permanently filed.

AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very PERMANENT RECORD UNFADING INK_THIS carefully supplied. certificate. DEATH in plain terms, so See instructions on back of WRITE PLAINLY, WITH DEATH in plain terms, of information CAUSE OF Important. 1 PLACE OF DEATH 6962



Registration Dist. No.

Aiti	2 FULL NAME CENNIK LOON	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX		16 DATE OF DEATH
6 DAT	(Month) (Day) (Year)	that I last saw h she alive on May 2 , 1913.
7 AGE	# LESS than t day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Ti partic (b) G busine which 9 BIR (Sta	cupation rade, profession, or cuiar kind of work deneral nature of industry, ess, or establishment in n employed (or employer) CTHPLACE te or country) Asyland 10 NAME OF FATHER There There of the country The interpolation of the country of	(Ouration) yrs. mos. / 4 ds. Contributory police Chimic (Secondary) (Duration) yrs. 5 mos. ds. (Signed) Jeleban, M. D. AMA 2, 191 4 (Address) And Serry make
PAREN	OFFATHER (State or country) Connsylvania 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Waruhand	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALE INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	(Address) Salsabury Redute 3 1813 TRoducy June Registrar	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL ABORESS 20 UNDERTAKER ADDRESS ADDRESS

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

.it should be used only when needed. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an who have no occupation whatever, write None. ness. If retired from business, that fact may be indibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in tho Never return "Laborer," If the occupation has As examples: For persons "Foreman," 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Puerperal scotichae. mus," "Old Age," "Shock," "Traemia," "Weakness," ample: Measles (disease causing death), 29 ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis er" is iess definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Can-State cause for Examples: 00

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 6 1913

No. 1. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE Every Item of Information should be carefully supplied. AGE should be stated EXACILY. PHY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.		RECORD	PHYSICIANS should state of OCCUPATION Is very
% m	V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

0000	
PLACE OF DEATH 6963	STATE OF MARYLAND
Course Wisinnies 1. G. Hospin	CERTIFICATE OF DEATH
Gounty County County	Registration Dist. No. 3.3.3
William Solinburge 14012	Commodition street, Ward [if death occurred
Village or City Dalls VIII (No./3,	ward) a hospital or institutio
	give its NAME instead
2 FULL NAME behry to Leynch	of street and nomber.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single	16 DATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIEO, WILDOWSO, WIDOWSO,	1919
Male Mule (Write the word)	(Month) (Day) (Year)
	17 I HEREBY CERTIFY That I attended deceased from
8 DATE OF BIRTH	May 23, 1913, to May 29, 1913
Land Rrow 1	
(Month) (Day) (Year)	that I last saw ham allve on May 29 1913
7 AGE / If LESS than	and that double accounted as the data state of the same of P
about 100 1 day, hrs.	and that death occurred on the date stated above, at Commen
of yrs. mos. ds. ORmin.?	The CAUSE OF DEATH* was as follows:
	Sulla intestinal inflammate
8 OCCUPATION (a) Trade, profession, or	with dissenter
particular kind of work and turnau	
(b) General nature of Industry,	• · · · · · · · · · · · · · · · · · · ·
business, or establishment in	(Duration) yrs. mos 8
which employed (or employer)	Ta pad / t-
9 BIRTHPLACE (State or country)	(Secondary)
(State or country)	_
10 NAME OF	(Doration) yrs mes 3 d
FATHER CALL TO	(Signed) N. I
Jawan Lyncu	Jucy 29, 1913 (Address) Salisbur 2, of
V 11 BIRTHPLACE	(Aution)
Z OF FATHER (State or country) Delamani	*State the DISMASH CAUSING DEATH, or, in deaths from VIOLENT
C 12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.
OF FATHER (State or country) Delawaye 12 MAIDEN NAME OF MOTHER Gamette Manne	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
04/000	OR RECENT RESIDENTS
13 BIRTHPLACE OF MOTHER (State or country)	At place in the
(State or country) Welaswane	of death yrs. mos. ds. State yrs. mos. o
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Ancista C. We al
K. f. Hickory	Former or
(Informant) A all CLCRMAND	usual residence morcion, mel
Anone Hill Ald	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Of Now Mul /My	DATE OF BURIAL
15	Maxana Del, 1913
File May 29, 1913 N 1 June	20 UNDERTAKER ADDRESS
REGISTRAR	Shipped by goo . C. Kill I ale
	o allowing
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

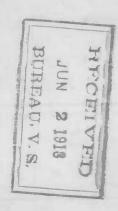


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of lliof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever; write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-('oa) material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. inus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railroay train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUNY and qualify as which surgical operation was undertaken. For vicchildbirth or miscarriage. as "Purerenal septichae. etc., when a definite disease can be ascertained as the -Hart fallure," "Haemorrhage," "Inanition," "Maras "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ valvular heart disease; Chronic interstitial nephritis er" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Measles (disease causing death), 29 ds.: Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples:



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PLACE OF DEATH 6964	STATE OF MARYLAND
County Meonuel	CERTIFICATE OF DEATH
0.1.1.	Registration Dist. No. 333
Village or City Salistrup Ma (No. 13)	St.; Ward) [If death occurred in a hospital or institution,
91/01 MOG '0	give its NAME instead of street and number.]
FULL NAME BOOK MCGarries	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED	16 DATE OF DEATH Month) (Month) (Day) (Year)
G DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
Jan 6 1913	my 17, 1913, to may 17, 1913.
(Month) (Day) (Year)	that I last saw ham alive on 1913.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at)
yrs. H mos. (/ ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Man Dana
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in	(Duration) yrs mos ds
which employed (or employer)	Gontributory Harry 3 Mente:
State or country)	(Secondary)
10 NAME OF THE STATE OF MAN OF	(Cigned) (Duration) yrs mos ds.
FATHER Walliam & Mchannel	(Signeu) , M. D.
D 11 BIRTHPLACE OF FATHER (State or country)	(AUU1955):
OF FATHER (State or country) 12 MAIDEN NAME 9 OF MOTHER 9	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a OF MOTHER Emma Revell	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER	At place in the
(State or country)	of death yrs mos ds. State yrs mos ds Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?
(Interment) I to Comme	usuai residence
(Address) AutoSung Mel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 les 10 0 NOY	20 UNDERTAKER ADDRESS
ENDMay 19 1913 N P Jurner REGISTRAN	DUNDERTAKER ADDRESS
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

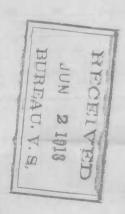


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is always the same accepted time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for cbildbirth or miscarriage. as "Purperal scottchaeetc., when a definite disease can be ascertained as the -Heart fallure," "Haemorrhage," "Inanition," "Maras affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mus," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.: nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ls less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) "Old Age," "Shock." "Traemla," "Weakness," Always qualify all diseases resulting from "Senlle." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples: For vio-



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	CORD	or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is
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District &

PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 0. 0

St: Ward)

I'lf death occurred in a hospifal or institution. give its NAME instead

of sfreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word) GERIIFY, That I attended deceased from 8 DATE OF BIRTH (Month (Day) 7 AGE If LESS than 1 day,hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed).... may 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE Af place In the OF MOTHER (State or country of death yrs. mos. ds. Sfate yrs. mos. ... Where was disease contracted. If not at place of death? Former or usual residence 15 20 UNDERTAKER ADDRESS Filed May 12

REGISTRAR

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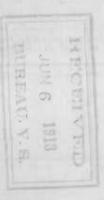


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vicmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpural septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "Aser" is less definite; avoid use of "Tumor" for malls -hart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.: "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Traemia," "Weakness," (name origin; "Can Examples: 01



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County Maconn's 6966	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Salishing My (No. 13)	Registration Dist. No. 33 [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE MARRIED, WIDDWED, DR DIVORCED (Write the word)	16 DATE OF DEATH MCey 12, 1913 (Month) (Day) (Year)
GDATE OF BIRTH Col 1 903 (Month) (Day) (Year)	HEREBY CERTIFY, That I attended deceased from May 1913, to May 2, 1913, that I last traw h 2 alive on May 2, 1915
7 AGE if LESS than 1 day,hrs. OR in .?	and that death occurred on the date stated pove, at
(a) Trade, profession, or particular kind of work	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Quration) (Secondary) (Quration) (Secondary) (Quration) (Secondary)
10 NAME OF FATHER John Couell 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) M. D. M.
Z OFFATHER (State or country) W 12 MAIDEN NAME OF MOTHER Dully Incomb Sign	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At piace of death
(informant). Dolly Parell	Where was disease contracted Jussey Co. Del if not at place of death? Former or usual residence. See See See See See See See See See Se
(Address) dewel Will Filmay 12, 1913 N P Jumer	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS
If more blanks are needed, address State Regis trar,	B E. Franklin St., Balto., Requesting V. S. No. 1.

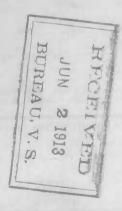


[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid dneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purermeal septichneetc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... "Contributory." sepsis, tetanus) muy be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid—probably suicide. The nature of the Sarcoma. etc., of ______ (name origin; "Can-is less definite; avoid use of "Tumor" for mailg-The contributory (secondary or intercurrent) "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resuiting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:



Š. SÓ 1 PLACE OF DEATH

County Moomiec 0901	CERTIFICATE OF DEATH
County	Registration Dist. No. 334
Village or City Salsby Me ((No	St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 3 / , 191 3 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h & alive on 5 - 16 1915
TAGE yrs. 2 mos. 2 ds. or min.?	and that death occurred on the date stated above, at P. m. The CAUSE OF DEATH* was as follows: Spoudhial Purumonia
particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) Pairthplace (State or country)	Contributory Warhad Grad + Effort to have (Secondary)
10 NAME OF FATHER GEORGE Rugers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) JEOGRAPH WARRING (Address) Salisby Ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL College May May 18 1913
Filed May 19", 191.3. J. Broducy Jones Registran If more blanks are needed, address State Regis tran, 6	Falloway 60 Salislam M

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer-Coal statement. (a) Spinner, (b) Cotton mill; (a) Salcsman, Grocery; (a) Foreman, (b) Automobile factory. the nature of the husiness or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage. as "Purreral septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. injury, as fracture of skuil, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vic--Heart failure," "Haemorrhage," "Inanition." "Marasgenitai," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU V.S.

	Sho
ロなりつると	PHYSICIANS sho
THE PROPERTY OF THE PROPERTY O	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shous CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION Important. See instructions on back of certificate.
	MOE

6968 (TE



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 3.76

...St.;.....Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME William Burton Parker

TAGE Continuous con	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE (Month) (Day (Xear) That I last saw here alive on 12 1913 that I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUSE of Death I last saw here alive on 12 1914 The CAUS	MARRIED, widowed, male	(Month) (Day (Year)
TAGE (Month) (Day (Year) If LESS than and that death occurred on the date stated above, at 1/2 and that de	6 DATE OF BIRTH	Ab. 96 . 812 9
Soccupation (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Addition (Duration) yrs. 11 BIRTHPLACE (State or country) Addition (Signed) 11 BIRTHPLACE (State or country) Addition (Signed) 12 day,hrs. The CAUSE of DEATH * was as follows: 13 day,hrs. The CAUSE of DEATH * was as follows: 14 DISTANCE OF MAIN AND AND AND AND AND AND AND AND AND AN	(Month) (Day (Year)	2, 5
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Promised. Gold (Signed) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) Angle (Signed) 11 BIRTHPLACE (State or country) Angle (Signed) 12 Market or country) State or country (Signed) State the Disease Causing Death, or, in deaths from Violation (State or country) Angle (State or country)	9 \$ 22 1 day,hrs.	The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Archive (State or country) Archive (Signed) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) Archive (Signed) 12 BIRTHPLACE (State or country) Archive (Signed) 13 BIRTHPLACE (State or country) Archive (Signed) 14 BIRTHPLACE (State or country) Archive (Signed) 15 BIRTHPLACE (State or country) Archive (Signed) 16 State or country) Archive (Signed) 17 BIRTHPLACE (State or country) Archive (Signed) 18 State the Disease Causing Death, or, in deaths from Violation (State or country)	(a) Trade, profession, or particular kind of work	
(Signed) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) Secondary (Ouration) YIS. 2 mos. (Signed) State the Disease Causing Death, of, in deaths from Violation	business, or establishment in which employed (or employer)	A tie on DI the
State the Disease Causing Death, or, in deaths from Violation	State or country) Hommer Gold	Secondary
OF FATHER (State or country) Assault O O A C State the Disease Causing Death, or, in deaths from Viol.	FATHER J. To Jarker	Attan o
CAUSES state (1) Mraye on Intury and (0) at the	OF FATHER (State or country)	State the Dispase Causing Dearn on in deaths from Warner
of Mother Magano Colon Test 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TOWNS	M 12 MAIDEN NAME AAA	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TO MAKE THE PROPERTY OF THE P
At place of death yrs, mos. ds. State yrs, mos.	OF MOTHER ///1/1	At place In the of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death?	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	
(Informant) L. G. Barker Usual residence	(Interment) of a Parker	
(Address) Dela 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
Filed das 9 1919 11 y Durin 20 UNDERTAKER ADDRESS		
REGISTRAR MM & Marvel Delmar D If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		mm & Marvel Delmar Del

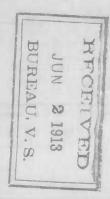


[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

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PLACE OF DEATH 6969	STATE OF MARYLAND
Will and and	CERTIFICATE OF DEATH
County // CCOMMAN	Registration Dist. No. 334
Village or City Salisbury (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Spate of BIRTH 4 COLOR OR RACE 5 SINGLE, MARRIED, Jungle WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Fiely 23 (Day) (Year)	that I last saw h allve on he 2 191 3
7 AGE if LESS than 1 day, hrs. 2 mos. 9 ds. 0Rmin.?	and that death occurred on the date stated above, at 7 mm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Jenajn Jours Milalus
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
Salisbury Md.	Contributory (Secondary) (Decation) yrs mos ds.
10 NAME OF Victor L. Mitchell	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Mcconico Go, Md. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Seta Wheatley 13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place In the of death
(Informant A Mitchell	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Salis bury Md	Salisbury Md, my 3", 1918.
Filed May 3" 1913. J. Boduey Jones REGISTRAR	Geo. E. Heill Salistory
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (d) Automobile factory. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second additional line is provided for the latter statement. who have no occupation whatever, write None. causing neath, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutoris of lungs, meninges, pertionaeum, etc... Carcin-

"Contributory." (Recommendations on statement of cause of death approved by Committee on Nomencia" "Contributory." such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puraperal septichacmus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile." etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 de.: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions." "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitlal nephritis er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent; Always qualify all diseases resulting from "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples: OI

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TURE 1913

S. No. 1.

RECORD	PHYSICIANS should state to of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OGGUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH 6970	1	STATE OF MARYLAND
, Wicomiss	MA	CERTIFICATE OF DEATH
I Wall	100	Registration Dist. No. 333

County Mccomiss	Registration Dist. No. 333
Village or City Dalubury (No. 5	[If death occurred in a hospital or institution, give its NAME Instead of street and number.]
FULL NAME MARY HOLSLER / M	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 191.3 (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH May (Month) (Day) (Year)	that I last saw her allve on Scan 7 , 1913
7 AGE If LESS than f day,	and that death occurred on the date stated above, at 4 9 m, The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	pulmany reduce
business, or establishment in which employed (or employer) **BIRTHPLACE** (State, or country) Maryland	(Ouration) yrs mos ds. Contributory Chric nephrolis (Secondary) (Duration) Christian 345 Chris
OF TATHER Robertson 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) , M. D. "State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
(Informant) Salisbury Md.	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 3 12.900
16 May 7# 1913 N. P. Jumer REGISTRAR	20 UNDERTAKER HILL Solution 1913. 20 UNDERTAKER HILL Solution 1913.

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the miseasi Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

childbirth or miscarriage. as "Turremeal scotichaemus," "Oid Age," "Shock," 'Traemia," "Weakness," cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. etc., when a definite discase can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," ampie: Meastes (discase causing death), 29 ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Are affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chrowin er" is iess definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of __ Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) liways qualify all diseases resulting from "Senlie." etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can State cause for Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HYCEIVED
JUN 2 1913
BUREAU, V.S.

County W. Comilo	CERTIFICATE OF DEATH Registration Dist, No. 334
Village or City Delhon (No.	St; Ward) [If death occurred in a hospital or institution give its NAME instead of street acd nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE S SINGLE, MARRIED, WIDOWED, WIDOWED, OR DIVERCED (Write the word)	(Month (Day) (Year) 17 I HEREBY CERTIFY, That I attended decessed from
(Month) (Day) (Year)	that I last saw h 22 alive on May 2 1913
PAGE About If LESS that 1 day,	and that death occurred on the date stated above, atm,
(a) Frade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER CALL COLOR OF FATHER (State or country) War Salubury, Marchander OF MOTHER OF MOTHER	(Signed) H. Character (Signed) H. Character (Signed) H. Character (Signed) M. D. (Signed) H. Character (Signed) M. D. (Signed) H. Character (Address) Hebrow M. D. (Signed) M. (Signed) M. D. (Signed) M. (Signed) M. D. (Signed) M. (S
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Address) Debron mod	If not at place of death? Former or usual residence
Flied May 3" 191 31. 18 Boding Jones Recistrar 11 more blanks are decided, address State Regist	20 UNDERTAKER 20 UNDERTAKER ADDRESS Par, G. E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

6971

PLACE OF DEATH



[Approved by U. 8. Census and American Public Health
Association.]

duties of the household only (not paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease Causino death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Puerperal septichaccause. Always qualify all diseases resulting from cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT, DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned nant neopiasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples: For vio-



	PLACE OF DEATH 6972	STATE OF MARYLAND	
/	ounty Wicomier 1910	TOTAL CERTIFICATE OF DEATH	
	ounty at the second of the sec	Registration Dist. No. 333	
-	Village or City Salesbury (No. 13	User of the desired ward) [If death occurre a hospital or Institut give its NAME institut of street and oumber	tion, tead
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
35	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED.	16 DATE OF DEATH May 8, 1913	7
Zi	emal Black (Write the word)	(Month) (Day) (Year) 1 HEREBY CERTIFY, That I attended deceased from	om
	Muknown,	that I last saw he alive on May 191	3.
7 A	(Month) (Day) (Year) GE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3	m,
	19 yrsds. ORmin. ?	The CAUSE OF DEATH* was as follows:	
(a pa (b	CCUPATION () Trade, profession, or urlicular kind of work () General nature of Industry, siness, or establishment in lich employed (or employer)	Cyplosin (ascidental (Ouration) yrs. mos.	ds.
	IRTHPLACE (tate or country) (IRTHPLACE (tate or country)	Gontributory (Secondary)	
	10 NAME OF JACAC Scrippild	(Signed) Oration yrs mos	
MTS	11 BIRTHPLACE OFFATHER (State of country) Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	7
PAREN	12 MAIDEN NAME OF MOTHER AMERICA	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEM)	_
	13 BIRTHPLACE OF MOTHER (State or country) Aukunity	At place of death yrs. mos. ds. State yrs. mos.	5.
14	(Informant)	Where was disease contracted,	4
	(Address) Barlin and	19 PLASE OF BURIAL OR REMOVAL DATE OF BURIAL	E
15	May 8# 1013 NP Jumer	Newask Md May 141916	1:
7	REGISTRAR	Centis 1 Ovares Redin ma	1
	If more blanks are needed, address State Registra	, 6 E. Franklin St. Balto. Requesting V. S. No. 1	- Section



[Approved by U. S. Census and American Public Health Association.].

fication, as Day laborer, Farm laborer, Laborer—Coal statement. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile Jactory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all every affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc... Carcin-

childbirth or miscarriage, as "Puerperal septicharample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver seound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUEBPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ture of the American Medicai Association.) cause of death approved by Committee on Nomencla. "Contributory." Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for mailg The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

HECEIVED

JUN 2 1913

BUREAU, V.S.

Co	ounty New 10'	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 334
Vi	FULL HAME RAFUS E. Simms	St.; Ward) [it death occurred in a hospital or institution give its NAME instead of street and number.]
7	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 5	Nale White Single, Married Wilowed, ORDIVORCED (Write the word) ATE OF BIRTH Oct. 24 1934	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from March 13, 1913, to May 1 st; 1912,
7 AG	(Month) (Day) (Year) GE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(b) busi whice	Orade, profession, or ricular kind of work. General nature of Industry, liness, or establishment in ich employed (or employer) RETHPLACE tate or country) Miconnico Co. Md.	Contributory (Secondary) (Ouration) yrs. mos. ds.
ARENTS	10 NAME OF FATHER LAMES SIMMS 11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME OF MOTHER	(Signed) Mc Laughlin, M. D. May 7, 1913 (Address) Trustered Md. *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
о.	13 BIRTHPLACE OF MOTHER (State or country) I don't know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	(Address) New Church Var (Address) New Chur	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SILOAM Blumchyard May 4th, 1913. 20 UNDERTAKER ADDRESS SEO. 6. Heell Salisbury



[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-('oal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE mine, etc. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Forcman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

genital," cause of death approved by Committee on Nomencla "Contributory." schsis, tetanus) such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUSY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Turremeal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock." 'Tracmia," "Weakness," etc., when a definite disease can be ascertained as the thenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis usat neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent "Dropsy," "Exhaustion," (name origin; "Can Examples : For vio-20



	state
RECORD	HYSICIANS should of OCCUPATION IS
RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
3	S

CAUSE OF I

N. B.

No.

02

Co	PLACE OF DEATH Wicomics 1 PLACE OF DEATH 6974	STATE OF MARYLAND CERTIFICATE OF DEATH
Vi	liage or City Mean Siloam (No. 2)	Registration Dist. No. Signature of St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE	ALL ACOLOR OR RACE SINGLE, MARRIED, Single WIDOWED, ORDIVORCED (Write the word) ATE OF BIRTH ALL 12th 1019	16 DATE OF DEATH May 2 5 , 191.3. (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2 1, 191.3., to May 24 , 191.3.
AG	(Month) (Day) (Year) (If LESS than 1 day,hrs. 9 mos. 12 ds. 9 min. ?	and that death occurred on the date stated above, at 12 m. The GAUSE OF DEATH* was as follows:
(a) par (b) busi whi	Trade, profession, or ficular kind of work	Contributory (Secondary) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mccomies Co. Md. 12 Maiden NAME	(Signed)
	13 BIRTHPLACE OF MOTHER (State or country) Washington Bo. Mol THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
15	ed May 2 " . 191.2	Former or usual residence

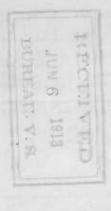


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer—('aal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples additional line is provided for the latter statement the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At homc. who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decided with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopncumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. For viochildbirth or miscarriage. as "Purpreal scotichaemus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of had-homicide; Potsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. nant neoplasms); Measics; Whooping cough; Chronic oma. Sarcoma. etc., of __ scpsis, totanus) may be stated under the head by earbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of ... (name origin; "Can State cause for Examples: 0



PLACE OF DEATH

1	iliage or City Near Salisbury (No. 5)	Parsons Sist; Ward) [It death a hospital of give its NA of street and
1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	4 COLOR OR RACE SINGLE, WIGOWED, WIGOWED, OR OLORGEO (Write the word)	16 DATE OF DEATH /2 (Month) (Day) 17 I HEREBY CERTIFY, That I attended decea
8 D.	ATE OF BIRTH May (Month) (Day) (Year)	that I last saw ham allve on Dry
7 AC		and that death occurred on the date stated above, at 12. The CAUSE OF DEATH* was as follows:
(b) busi whi	Orade, protession, or ricular kind of work. General nature of industry, iness, or establishment in ich employed (or employer) IRTHPLACE tate or country) Manual Country	Contributory (Secondary) (Ouration) yrs. mos. (Duration) yrs. mos.
	10 NAME OF Mirby	(Signed) June O Warle May /2, 1913 (Address) Sallading)
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from V CAUSES, state (1) MEANS OF INJURY; and (2) whether A TAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR. or RECENT RESIDENTS) At place In the ot death
11	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?

COME

STATE OF MARYLAND



[Approved by U. S. Census and American Public Health
Association.]

Grocery; (a) Foreman, (b) Automobile factory. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons

Statement of cause of death—Name, first, the DISKABE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

cause of death approved by Committee on Nomencla such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrement schichacmus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras. "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. naat neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... "Contributory." by carbolic acid-probably suicide. The nature of the valvular heart disease; Chronic interstitial nephritis ter" is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 de.: "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



County Wilcomila #5 Par	STATE OF MARYLAND Sens Gir CERTIFICATE OF DEATH
Village or City Salishury (No. 318, 2FULL NAME Laura &	Registration Dist. No. 33 [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, MONUE WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WIDDWED, WITH the word) MARRIED, MONUE (Write the word) (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1913, to 1915, that I last saw h. L. alive on 5 19 1915
TAGE about S 3 yrs. mos. ds. ormin.?	and that death occurred on the date stated above, at 9.45 P.m., The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Hardrium Of artirus (Becondary) (Dyration) yrs mos ds
11 BIRTHPLACE OF FATHER REDICE Handy 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	(Signed)
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) (Address) 3 1 9 March St Saleshur	of death 3 yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usuai residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Handon Memeters May 2 2, 191 3
Fighting 22 # 191.3 N. P. Jurnov. REGISTRAR If more blanks are needed, address State Regis trar, 6,	I F Stewart Sullahury

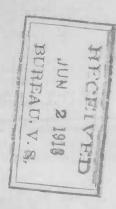


[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. material worked on may form part of the second it should be used only when needed. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not pald Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseasents); Lobar pneumonia; Bronchopneumonia ("Pheumonia," unqualified, is indefinite); Tubereutosis of lungs, meninges, peritonaeum, etc.. Carein-

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage. as "PUERPERAL septiehae mus," "Old Age," "Shock." Traemia," "Weakness," -Kart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of __ dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid—probably suicide. The nature of the Accidental drowning; Struck by railroay train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as niere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report Examples:



No. 1.

30

N. B.

PLACE OF DEATH 6977	STATE OF MARYLAND
County Wicomico	CERTIFICATE OF DEATH
County	Registration Dist. No. 334
Village or City Salisbury (No.	St.; Ward) [if death occurred in a hospital or institution give its NAME Instead of street and number.]
FULL NAME / WWW W (9) A	MEDICAL CENTERAL DE DANS
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, Lugle Hennale Colored (Write the word)	16 DATE OF DEATH (Mouth) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
BDATE OF BIRTH Och 20th, 1912	May 7 7, 1917, to May 27, 1912.
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishmen1 in which employed (or employer)	(Ouration) yrs. mos. ds.
OF FATHER (State or country) 10 NAME OF FATHER OMONY Sonder 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Buration)
OF MOTHER CLACY Cayman 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Amony dorden	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence
(Address). Aluntand Md. 15 Flied May 31" 1910 REGISTRAR 11 more blanks are needed address State Regis trar, 6	PLACE OF BURIAL OR REMOVAL Permittand Md. Date of Burial 104. May 3/25., 1913 ADDRESS. Delto Requestion V. S. No. 1

6977



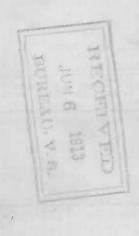
[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. it should be used only when needed. additional line is provided for the latter statement cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account, of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative Realthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman." As examples:

Statement of cause of death—Name, first, the disease causing death—Index affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carciniosis of lungs, meninges, peritonaeum, etc.. Carciniosis

cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," ample: Mcastes (disease causing death), 29 ds.: valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock." "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Senfle," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Taemia," "Weakness," (name origin; "Can Examples:

If this certificate is looked over thoroughly and all guestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No

PLACE OF DEATH 6978 County Domino Village or City 10 h Deatho. Full NAME James Star	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 385 [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mate Color or race 5 single, MARRIED, WIDOWED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than 1 day,hrs. ORmln.? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	that I last saw hear allve on find 2.7 1913, and that death occurred on the date stated above, at 192 m. The CAUSE OF DEATH* was as follows: (Duration) 2 yrs, 6 mos, ds.
9 BIRTHPLACE (State or country) Promise 60 10 NAME OF FATHER Landy Stankey 11 BIRTHPLACE OF FATHER (State or country) Newowice 60 12 MAIDEN NAME OF MOTHER LETTINGE 60 MOTHER (State or country) Newowice 60	(Signed) (Signe
(Informant) (Address) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BYRIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER APPRESS N.D. STROVENOV TOBAN Sharpfowar.



[Approved by U. S. Censns and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations additional line is provided for the latter statement; been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In a frection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis

ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably sulcide. Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Deblity" ("Concause of death approved by Committee on Nomenciadent; Revolver wound of head-homicide; Polsoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronio interstitlal nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always quality all diseases resulting from "Senlle," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can The nature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



RECORD	PHYSICIANS should state	of OCCUPATION IS very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	BEvery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	-	

6979

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 332

	(\mathcal{D}_{1})	Registration Dist. No
VII	lage or City was thenly (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
_		
101	eusle White (Write the word)	(Month) (Day (Year) I HEREBY CERTIFY, That attended deceased from
6 D	ATE OF BIRTH	I HEREBY CERTIFY, That attended deceased from
	(Month) (Day (Year)	that I last saw hell alive on Nec 30, 1912
TA	GE It LESS than	and that death occurred on the date stated above, at
	yrs	The CAUSE OF DEATH* was as follows:
(a pa	OCCUPATION) Trade, protession, or virticular kind of work) General nature of industry,	Tulmonary Vulerculoses
bus	siness, or establishment in ich employed (or employer)	(Duration) yrsmosds.
9 B	(State or country) Miconics Co. Md	Secondary (Poration)
	10 NAME OF GEORGE H. Parsons	(Signed) L. Cfrieny M. D.
OF FATHER (State or country)	OF FATHER / Y//	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PAREN	12 MAIDEN NAME Juda L. Elliotte	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Mussey Co. Val	At place In the ot death yrs mos ds. State yrs mos ds
14 -	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Interment) Leong & Vinnions	Former or usual residence.
15	(Address) / Stateville Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Fl	100 1 15 1913 H. Jas. Trutt	20 UNDERTAKER P ADDRESS
	REGISTRAR	1 / M. J. Varsons Whilewell Mg
	in more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the bisease of persons engaged in domestic service for wages, as Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (mercly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichac ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Seuile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TOBENI VE.

Je seem

AUG 5 1918 BUREAU, V S.

PLACE OF DEATH 6950	STATE OF MARYLAND
County Wiccomics	CERTIFICATE OF DEATH Registration Dist. No. 3.3.3.
Village or City Salesbury (No. 5)	Parson Sist. Ward) [If death occurred a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Single WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May 30, 1945 (Month) (Day) (Year)
S DATE OF BIRTH LUM 30th (Month) (Day) (Year)	that I last saw her allve on length 30, 1913
7 AGE it LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 12 mm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos d
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF 10 NAME OF	Contributory dielicroti dut (Secondary) (Duration) yrs mos / d
11 BIRTHPLACE OF FATHER (State or country) Salisbury Mg.	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
12 MAIDEN NAME OF MOTHER GAROLINE W. More 13 BIRTHPLACE OF MOTHER (State or country) Bridgeton N. L.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place in the of death
(Informant) Tancis M. Ulman	Where was disease contracted, if not at place of death? Former or usual residence
(Address). Salisbury Md.	Salvery Md. June 14, 1911.
REGISTRAR If more blanks are needed, address State Regis trar. 6	E. Franklin St., Balton, Requesting V. S. No. 1



[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekcepers statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

childbirth or miscarriage, as "Purrperal septichae-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) cause of death approved by Committee on Nomencia. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 de :: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of . Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Old Age," "Shock." Aiways qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," Traemia," "Weakness," (name origin; "Can State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

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	should ION Is
ECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.
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PERM	Exact
A	fled.
15	uld
HIS	sho y
F	GE
X	Pro Drd
O	piled be
NIO	sup may
FA	ully Ifica
S	that
I	so so
W	uld ms.
×.	sho ter
Z	lon lons
LA	In
П	Info
RIT	of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate.
	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

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PLACE OF DEATH County.....

6981

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Hage or City Salisbury (No. 5-	Parsons Dusti St; Ward)
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[If death occurred in a hospital or Institution, give its NAME instead of street and number.]

FULL NAME CRANCIS VICKU	<u> </u>
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SSEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH May (Day) (Year)
MALL MALL (Write the word) B DATE OF BIRTH Dec. 6th (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from May [, 1915, to May 5, 1913, that I last saw h is alive on May 15, 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work	Alles Cololis
(b) General nature of industry, business, or establishment in which employed (or employer)	Lh Ec/cz (Duration) yrs. mos ds.
10 NAME OF FATHER Charlie vickers 11 BIRTHPLACE (State or country) Cambridge Ad 2 12 MAIDEN NAME	(Signed) State the DISEASE CAUSING DEATH, Or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.
of MOTHER Cora Coffin 13 BIRTHPLACE OF MOTHER (State or country) Pashopville Md.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) Charles Wickers	if not at place of death? Former or usuai residence
(Address) Salisbury M. 15 Fymlay Ce 1913 N P June	Salisbury Public cometery May 16 th 1913
If more hlanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

No.

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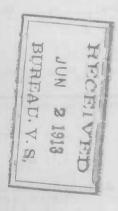
[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or indust y; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," As examples: For persons

Statement of cause of death—Name, first, the dibease causing death—Name, first, the dibease causing different of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dheumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage. as "I'urrereal septichaedent; Revolver wound of head-homicide; Potsoned mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Tracmia," "Weakness," genital," ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of _ "Contributory." -Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of "Dropsy," "Exhaustion," __ (name origin; "Candeath), 29 ds.: State cause for Examples: 10

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



6982	STATE OF MARYLAND
12/100	CERTIFICATE OF DEATH
Gounty / MONWO	Registered No. 3.3.2
716	[If death occurred in
Village or City / Vaugo (No.	St; Ward) a hospital or Institution,
	give its NAME instead of street and number.]
FULL NAME areas will	and.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Character 10. 2
Male De f. f. wioowed, Surge	(Month) (Day) (Year)
Write the word)	17 I HEREBY CERMFY, That I attended deceased from
6 DATE OF BIRTH	may 9, 1913, to May 23, 1913,
dec, 12,19/2	that I last saw hen alive on 23,191.3
7 AGE (Month) (Day) (Year)	
1 day,hrs	and that death occurred on the date stated above, at
yrsmosds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Decken tera Me Colitis
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry,	
business, or establishment io which employed (or employer)	(Duration) yrs. mos. 20 ds.
9 BIRTHPLACE	Contributory (Secondary)
(State or country) Wangs, Pravile (1)	(Ouration) yrs mos ds.
10 NAME OF PATHER	C C C C C C
Same Vilkens	(Signed) , M. D.
of Father	, 191 (Address) that explications
OF FATHER (State or country) Wangs Wicomico Co. M	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
M 12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
a grand grands	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Wellistle Warning Co. 1.	At place in the of the order ord
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
Mallan Mai lina -	If not at place of death?
(Informant) accuses I vame some	Former of usual residence
(Address) Nango Mis	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 J J J	Vowellville Mid May 26, 181 3
Filed 3727 1913 A Clas Especial	20 UNDERTAKER ADDRESS
REGISTER	Reallies from our Detsates
1f more blanks are needed, address State Registrar, 6	E. Franklin St., Balto, Requesting V. S. No. 1.
	mueros ma



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causino death—Name, first, the disease causino death—Name, first, the disease causino death respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Puerperal scptichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma. Sarcoma. etc., of __ mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; mant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) Always qualify ail diseases resulting from (Recommendations on statement of may he stated under the head of or Homicidal, or as probably "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report Examples: For vio-

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6983 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County Wicomico. Registered No. Lit death occurred in Nanticeke. Ward) Village or City... (No..... a hospital or lostitution. give its NAME lostead of street and oumber.] Samuel Wilson. * FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX May 31 "1913. MARRIED, Married. WIDOWED. (Write the word) Male Colored I HEREBY CERTIFY. That I attended deceased from 191 3 to May 30" 1913. 6 DATE OF BIRTH UNKNOWN. May 30"1913. (Year) (Month) (Day) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: 80 About OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----Contributory Cystitis & Urinary (Secondary) (State or country) pression. Washington. D.C. 10 NAME OF FATHER Unknown Wilson. , 191 3. (Address) Nanticoke . Md. June 1 11 BIRTHPLACE ARENT OF FATHER (State or country) Unknown. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Unknown. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. State yrs. _____ mos. Unknown Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? .. Nancy Thomas . (Daughter Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Address) White Haven, Md. DATE OF BURIAL 15 ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

cause of death approved by Committee on Nomencla ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. mia," "TUERPERAL peritonitis," childbirth or miscarriage, as "PURPERAL scpticharete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ampie: Measles (disease causing injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for malig-"Collapse." "Coma," "Convulsions," "Debility" ("Con Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy;" (Recommendations on statement of etc. State cause for (name origin; "Can death), 29 "Exhaustion," Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

